

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
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21							71	
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23							73	
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25							75	
26							76	
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28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
101						51					
102						52					
103						53					
104						54					
105						55					
106						56					
107						57					
108						58					
109						59					
110						60					
111						61					
112						62					
113						63					
114						64					
115						65					
116						66					
117						67					
118						68					
119						69					
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125						75					
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133						83					
134						84					
135						85					
136						86					
137						87					
138						88					
139						89					
140						90					
141						91					
142						92					
143						93					
144						94					
145						95					
146						96					
147						97					
148						98					
149						99					
150						200					
TOTAL IND.		TOTAL DEP.		TOTAL CLAMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAMS	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
201							251	
202							252	
203							253	
204							254	
205							255	
206							256	
207							257	
208							258	
209							259	
210							260	
211							261	
212							262	
213							263	
214							264	
215							265	
216							266	
217							267	
218							268	
219							269	
220							270	
221							271	
222							272	
223							273	
224							274	
225							275	
226							276	
227							277	
228							278	
229							279	
230							280	
231							281	
232							282	
233							283	
234							284	
235							285	
236							286	
237							287	
238							288	
239							289	
240							290	
241							291	
242							292	
243							293	
244							294	
245							295	
246							296	
247							297	
248							298	
249							299	
250							300	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
301							3 51
302							3 52
303							3 53
304							3 54
305							3 55
306							3 56
307							3 57
308							3 58
309							3 59
310							3 60
311							3 61
312							3 62
313							3 63
314							3 64
315							3 65
316							3 66
317							3 67
318							3 68
319							3 69
320							3 70
321							3 71
322							3 72
323							3 73
324							3 74
325							3 75
326							3 76
327							3 77
328							3 78
329							3 79
330							3 80
331							3 81
332							3 82
333							3 83
334							3 84
335							3 85
336							3 86
337							3 87
338							3 88
339							3 89
340							3 90
341							3 91
342							3 92
343							3 93
344							3 94
345							3 95
346							3 96
347							3 97
348							3 98
349							3 99
350							3 100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
401															
402															
403															
404															
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406															
407															
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446															
447															
448															
449															
450															
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
501							551	
502							552	
503							553	
504							554	
505							555	
506							556	
507							557	
508							558	
509							559	
510							560	
511							561	
512							562	
513							563	
514							564	
515							565	
516							566	
517							67	
518							68	
519							69	
520							70	
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530							80	
531							81	
532							82	
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535							85	
536							86	
537							87	
538							88	
539							89	
540							90	
541							91	
542							92	
543							93	
544							94	
545							95	
546							96	
547							97	
548							98	
549							99	
550							100	
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	